

Department of Development Services
Planning Division
300 Park Avenue

Falls Church, VA 22046-3332 Phone: 703.248.5040

Fax: 703.248.5225

PLANNING DIVISION PROJECT NAME: Broad and Washington **APPLICATION FORM** Submit one form for each type: Special Exception Rezoning Interpretation / Planning Site Plan Comp Plan Amendment Director Site Plan Amendment / Subdivision, Zoning Ordinance Text Major Consolidation Site Plan Amendment / Amendment or Lot Line Adjustment Minor **PROJECT DESCRIPTION:** Street Address: 127 E. Broad St, Falls Church, VA 22046 RPC #: 053-104-015, 053,104-036, Owner of Record: Broad of Washington LLC 053-104-050,053-104-051 **APPLICANT INFORMATION: Contract Owner** Agent Applicant: Owner Name: Joe Riley-Ryan Address: 13461 Sunrise Valley Dr. Strite 500 Business Phone: 703-464-1014 Cell Phone: Herndon, VA 70171 E-mail: irileyryan & bowman-com Fax: PROJECT AND PROPERTY INFORMATION: COMP PLAN/REZONING OR SITE PLAN SUBDIVISION, CONSOLIDATION OR Current Zoning: LOT LINE ADJUSTMENT **SPECIAL EXCEPTION** Present Development Current Zoning: Current Zoning: Proposed Development Present Development Proposed Zoning: # of New Dwelling Units: Present Future Land Map Proposed Development Designation: Commercial: 71150 Subdivision: SFH ✓ Mixed Use Development Present Development Commercial # Site Plan Waiver(s):2 Proposed Development Consolidation Site Plan Resubmission Conditional Rezoning Lot Line Adjustment Preliminary Plat Final Site Plan Amendment Other Rezoning Plat 3.16 SF **ACRES** TOTAL SITE AREA:

APPLICANT SIGNATURE: (over)

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Applications must be accompanied by corresponding Checklists and materials as required.

FEES: Fees are established by Ordinance of the Falls Church City Council and are due at the time of filing. Refer to current Fee Schedule for specific application fees; make checks payable to: City of Falls Church.

Status of real estate	and person	al property taxes, liens, busin	ess license and fees:	
TREASURER:	☐ Current	Outstanding (please describe):	Initials:	
COMM. REV:	Current	☐ Outstanding (please urrent describe):	Initials:	
TOTAL FEE for this application: \$ NOTE: Return Check Fee is \$50.00. Accepted by: MUNIS #				Ŀ